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Committee on Infant Social Service
of the
Women's Municipal League
of Boston
Prenatal Work

THE Committee on Infant Social Service of the Women's Municipal League has for a year and a half employed a nurse whose whole time is devoted to the care of pregnant women. This work was begun as an experiment to see if the efficiency of the next generation could be improved by care from its very beginning. Evidence is not lacking that incapacity in later life not infrequently had its source in the illness of childhood, which irremediably sapped the vitality, and the committee, believing that prenatal influences were presumably even more potent for good or ill than those after birth, and more indelibly set their mark on the life, have undertaken this work in the hope of making some investigations which would prove of value. The work is not intended to be charitable, but entirely educational in its aim, and the women have been simply visited and advised as any patient is advised by their private physician. The object of the committee has been to have the women under supervision and care from the earliest possible moment, but this in most cases has unfortunately not been as early as we could wish, as women often register at the hospitals very late, frequently not until within less than a month of confinement; and most of our cases have necessarily come to us from the hospitals, it being almost impossible to start any such work as this except in connection with some well established institution. The committee feel much gratitude toward the Boston Lying-in Hospital for cooperating with them most courteously in every way during the eighteen months of their work, and to the Massachusetts Homeopathic Hospital for the same courtesy shown since work was begun in cooperation with them in August last. It is this courtesy which has made our work possible.

No patient is intentionally accepted by us within one month of the expected date of her confinement, for we consider that the nurse's time can be more profitably spent on cases which she can visit earlier and watch for a longer

period. The average length of time that the women have been under our care is rather less than three months, but in some cases we have been able to advise and help them for six, seven or even eight months; under the latter circumstances of course much more can be accomplished.

In the year and a half during which we have been at work, our nurse has cared for over six hundred women. Each case has been visited once a week, or at the latest once in ten days, with the exception of a few women living rather far away who were in good health, in such cases sometimes a fortnight has elapsed between the visits. If anything was wrong with any patient the visits have been made as frequently as was necessary even if that proved to be every day.

The system is a very simple one. The nurse calls in the morning at the hospitals and is given the names of the patients who have registered since her last visit, especially those to be taken in as house patients. She then goes to see them in their homes, explains her work and makes friends with them, and arranges to visit them during the coming week. By systematizing her work she can cover much ground. Her routes lie not only in all sections of the city, but in the nearer suburbs of Boston, and through visiting by appointment all the cases in one section on the same day, she is able to make between eighty and a hundred visits a week. As there is a maddening desire in a certain class of women to give the wrong address when registering, and many others move away leaving no address behind them, some time is inevitably wasted, and the cases looked up but not found, and hunted for in vain among their neighbors, number about 12% of the whole. The figures of six hundred given above, however, represents those who were actually cared for. No responsibility is taken by the nurse beyond the simplest prescriptions; plenty of water both inside and out, fresh air, rest when possible, not too hard work, and if necessary cascara, nothing more. If the difficulties of the patient do not yield to these measures, she is sent to a hospital or dispensary for treatment. More than half of the women have needed advice and have markedly improved under the nurse's care, and about 81-3% of the cases have shown

symptoms of serious illness, mostly eclampsia. Forty-seven have been threatened with this disease, some few cases of which were sufficiently dangerous to require a stay of some days at the hospital, the majority, however, were treated at home, and in no case has the disease developed, with the exception of one woman who, though referred to us, refused to be visited. (I think we felt a not unwarrantable satisfaction in this case, for though the patient did have convulsions, she eventually recovered.) Six of these cases of threatened eclampsia are still under treatment as the child is not yet born, but everything is progressing most favorably, and they will probably read on the books much like the following:

A Sample Case from the Nurse's Report, One of Many

November 16th. Surroundings fairly good. Patient has varicose veins and is very apprehensive. Reassured and advised to rest with feet elevated, one and one-half hours daily.

November 23d. Doing well.

November 30th. Complaining of many pains. Advised to go out doors every day; and to take milk and eggs between meals.

December 7th. Improving.

December 14th. Improving.

December 21st. Patient complains of weakness and looks pale. Advised to report to the hospital doctors.

December 28th. Improving.

January 5th. Improving.

January 11th. Patient seems much happier.

January 19th. Doing splendidly.

January 26th. Doing splendidly.

February 1st. Doing splendidly.

February 8th. Doing well.

Confined February 13th. Weight of baby, 7 pounds 13 ounces.

Three miscarriages only have occurred, and we have had no deaths to record during the whole period. Six women have already come back to us for the second time, one of whom notified our nurse months before she registered at the hospital, indeed within a week of the time she herself suspected that the child was coming. This is a particularly satisfactory case. The first baby died within a week of birth from cerebral hemorrhage, the delivery having been a very difficult one. The poor mother was longing for a child, and was not at all satisfied by the young doctor at the hospital, who assured her that with the child now coming he would try a premature delivery, and then, if this one died, with the next Cæsarian section would be performed. She wished to save this baby at any cost, and through the nurse's visits to her the committee have been enabled to learn this, and to explain her desire to the hospital staff, and she is now happy in the understanding that they will perform the Cæsarian operation without first letting her run the risk of losing another baby.

The expenses of the work are limited to the nurse's salary and carfares and are covered by \$1,150 a year, making an expense per patient of a trifle under \$3.00. The women are encouraged to pay this sum, as the committee believe that it is much better for them and for the future of the work that they should do so whenever possible. A self-respecting person is a much more valuable member of the community than one who accepts unnecessary charity, and a self-supporting work is one which can grow without any limit except that set by the demand for it. In this case the latter is a matter of education, and the committee are now considering underwriting the salary of another nurse who shall undertake the care of patients only when her services are paid for, and who shall be ready to work under any physician among his private patients, supplementing his visits among those patients who can only afford to pay a small sum, and will not call in a doctor unless they know that they are really ill. The experience of the work with these six hundred and twenty cases seems to show that eclampsia can usually be prevented if the patient is watched and the earliest symptoms detected, which is impossible without close supervision. The object of the committee in taking this new step would be to carry the

knowledge of what can be accomplished by care into the better educated class in the community.

The effect produced on the mothers by this work has been in a measure described, it remains to give a few statistics regarding the children. These statistics can be collected only among the babies born in the two hospitals, as one cannot be sure enough of the reliability of the records of the others, if indeed any record exists. Many women, after registering at the hospital, change their minds and are confined at home; others, who mean to go to the hospital, fail to get there in time; others also were originally brought to us by their friends and never had any connection with a hospital at all. These causes, taken together, reduce the number of Lying-in Hospital babies whose mothers were under our care to three hundred and thirty-three. In the case of the Homeopathic Hospital, with whom we have worked for only about two months, the number is forty-two. These last babies represent, of course, only those whose mothers were with us a very short time.

In averaging the birth weights of the children we have not counted the evidently premature babies, whose weights are separately recorded. These seven months' babies in the two hospitals numbered only twelve, including one set of triplets, and their average weight was four pounds twelve ounces. All babies born after seven months have been included in the general average, however, as it is difficult in many cases to be sure that the mother has not miscalculated, and this seemed the fairest division.

Williams gives the average weight of a child at birth as seven pounds, and the average birth weight of 500 full term white babies born at the Johns Hopkins Hospital in Baltimore as seven pounds five ounces.

We have found the average of the 364 babies who were born in the two hospitals and whose mothers were under our care to be a little more than seven pounds ten ounces; an increase of 9% above the average birth weight.

These weights seem to show that the work has been of value not only to the mothers but also to the children, and this is most satisfactory, for it was in the hope of improving the condition of the next generation that the work was undertaken.

SUMMARY

In conclusion attention may be called to three things.

First.—That whereas about eight per cent of the pregnant women were threatened with eclampsia, in no case did the disease develop; indicating that care during pregnancy greatly lessens its dangers.

Second.—That the average birth weight of the babies whose mothers were cared for was seven pounds ten ounces, which is ten ounces above the general average birth weight as given by Williams.

Third.—That the cost of accomplishing these results is a trifle under \$3.00 per patient.

MRS. WILLIAM LOWELL PUTNAM,
Chairman of Committee.

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